

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-042282

Dr. T. Song

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 1726 STATE FILE NUMBER

FILED NOV 26 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY GREENE

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI COUNTY OREGON

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD Length of stay in 1b 2 DAYS

c. CITY OR TOWN KOSHKONONG, Inside Limits Yes No

c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSPITAL Inside Limits Yes No d. STREET ADDRESS (If outside, give location) ROUTE # 2 Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
FHOBERT WILLIAM MILLER NOVEMBER 20, 1962

5. SEX MALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 11/29/98 9. AGE (last birthday) 63 IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED IRON ORE MINER 10b. KIND OF BUSINESS OR INDUSTRY MINING 11. BIRTHPLACE (City and state or country) THOMASVILLE, MO. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME CHARLEY MILLER 13b. MOTHER'S MAIDEN NAME SARAH EBERHARDT 14. NAME OF HUSBAND OR WIFE GERTRUDE MILLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. [REDACTED] 17. INFORMANT Address KOSHKONONG MO.
GERTRUDE MILLER, RT. # 2

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Arteriosclerosis? INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____
DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____
PART III. If deceased was female was there a pregnancy in last 90 days. Yes N. Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____

20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 11-19-62 and last saw her 11-19-62 live on 11-19-62
Death occurred at 6:30 am 11-20-62 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John T. Song M.D. 22b. ADDRESS 1036 S. GLENSTONE Springfield, Mo. DATE SIGNED 11-20-62

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 11/23/62 23c. NAME OF CEMETERY OR CREMATORY REDBURN CEMETERY 23d. LOCATION (City, town, or county) (State) ROVER, MISSOURI

24. FUNERAL DIRECTOR ADDRESS H.H. LOHMEYER FUNERAL HOME SPRINGFIELD, MO. 25. DATE RECD. BY LOCAL REG. 11-23-62 26. REGISTRAR'S SIGNATURE Effie E. Meeton

John T. Song, M.D.
USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Thomas T. Swadley*

Licensed Embalmer No. 4815

P. O. Address *Springfield, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

Permit 11-20-63